Abstract PS-366 Table 1

		Fever, no SBI		SBI with obvious focus of infection		SBI with no obvious focus (e.g. sepsis)		Total	
		Count	Column N%	Count	Column N%	Count	Column N%	Count	Column N%
Tachycardia	No	60	50.4	18	30.5	14	34.1	92	42.0
at Presentation	Yes	59	49.6	41	69.5	27	65.9	127	58.0
Tachycardia	No	47	39.5	9	15.3	5	12.2	61	27.9
later in illness	Yes	72	60.5	50	84.7	36	87.8	158	72.1
	No	10	33.3	0	0.0	4	10.3	14	13.9
CRP >5	Yes	20	66.7	32	100.0	35	89.7	87	86.1
	No	21	67.7	13	40.6	15	38.5	49	48.0
WCC <5/ >15	Yes	10	32.3	19	59.4	24	61.5	53	52.0

2014). Four variables: Tachycardia (APLS guideline) at admission, tachycardia during stay, CRP and WCC were recorded. ROC curves were plotted for WCC and CRP.

Results 219 children participated. 100 had confirmed SBI. 101 had CRP and WCC checked as decided by admitting clinician. There were significant differences for all four variables (Chi-square test). Tachycardia at presentation ($p = 0.021$), Tachycardia later in illness (<0.001), CRP > 5 ($p = 0.001$) and WCC ($<5/ >15$) ($p = 0.031$).

Conclusions In keeping with our previous study tachycardia at presentation did not reliably predict SBI with or without focus, however its negative predictive value was 65%, which increased to 77% for tachycardia later in illness. The optimal cut-off for CRP from ROC curve that maximised sensitivity was 19 (sensitivity-94.1%, specificity-45%). WCC was neither specific nor sensitive. In summary neither the tachycardia nor the WCC and CRP were reliable in predicting SBI.

PS-367 WITHDRAWN

Abstract PS-366 Figure 1 ROC curve of CRP
Diagonal segments are produced by ties

PS-368 12 YEARS DATA ON RESISTANCE PATTERN OF UROPATHOGENS

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10.1136/archdischild-2014-307384.666

Background Urinary tract infection (UTI) is a common bacterial infection in infants and children. Traditionally, Trimethoprim has been the first line antibiotic of choice for the treatment of Coli-form UTI. Empirical antibiotic treatment in UTI in children should be based on local surveillance data on the epidemiology and resistance patterns of common uropathogens. This has been endorsed in the guideline on UTI in children by National Institute for Health and Care Excellence in the UK.

Aim To evaluate the resistance pattern to commonly used antibiotics in children with culture proven UTI.

Methods We retrospectively analysed all cases with proven UTI from 2002–2013. Cases were identified by the clinical coding system and data obtained from the Hospital Information Support System.

Results 1151 cases were identified; 95% (1090/1151) had pure growth of E.coli. Microbiology results were analysed to evaluate the sensitivities to commonly used antibiotics. Increasing resistance to Trimethoprim (TMP) and Co-Amoxiclav was observed during 2002–2008. Change in antibiotic policy has resulted in some decline in TMP resistance (Table below) over the recent years.

Conclusion This comprehensive data on children with culture proved UTI supports the use of cefalexin as empirical treatment of choice for all presumed UTIs (pending culture results) in our region. Alternatively, TMP can be used (provided that urine sensitivity is known before commencing antibiotic treatment) if it is sensitive to coliform. It is vital to continue to monitor the resistance pattern to ensure early identification of emergence of drug resistance.

Abstract PS-368 Table 1

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Trimethoprim	25	27	31	30	43	32	34	30	29.9	21	20	36
Cefalexin	3	7	6	5	5	15	11	5.6	4.2	4.2	9.2	6
Nitrofurantoin	11	5	10	14	15	8	7	8.9	2.5	6	10.7	6
Co-Amoxiclav	NA	12	19	32	30	45	48	NA	NA	NA	NA	NA